

11/6/03 1637
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Docket No.: PF-0695-2 CON

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 3, 2003.

By: Lisa McDillPrinted: Lisa McDill

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Yue et al.Title: FULL-LENGTH EXPRESSED GENETIC MARKERSSerial No.: 09/938,803Filing Date: August 24, 2001Examiner: Chunduru, S.Group Art Unit: 1637

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Limited Recognition (1 pg.);
3. Response to Restriction Requirement (8 pp.);
4. Certificate of Revocation of Power of Attorney (2 pp.); and
5. Associate Power of Attorney (1 pg.).

The fee has been calculated as shown below.

| Claims | Claims After Amendment | - | Claims Previously Paid For | = | Present Extra | Other Than Small Entity Rate | Fee | Additional Fee(s) |
|--|---------------------------|---|----------------------------------|---|---------------|------------------------------------|-------|-------------------|
| Total | 23 | - | 21 | = | 2 | x\$18.00 | 36.00 | \$ 36.00 |
| Indept. | 2 | - | 3 | = | 0 | x\$86.00 | 0 | \$ 0 |
| First Presentation of Multiple Dependent Claims: | | | | | | +290.00 | 0 | \$ 0 |
| Total Fee: | | | | | | | | \$ 36.00 |

 No additional Fee is required. X Please charge Deposit Account No. **09-0108** in the amount of :\$ 36.00

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. **A duplicate copy of this sheet is enclosed.**

Respectfully submitted,

INCYTE CORPORATION

Richard C. Ekstrom

Reg. No. 37,027

Direct Dial Telephone: (650) 843-7352

Date: November 3, 2003Customer N .: **27904**

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